	sta Ve
RECORD	PHYSICIANS should of OCCUPATION IS
WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should star CAUSE OF DEATH in piain terms, so that it may be properly classified. Exact statement of OCCUPATION is yes important. See instructions on back of certificate.
WRITE PLAINLY, WIT	Every Item of information should be carefully supplied. CAUSE OF DEATH in plain terms, so that it may be p important. See instructions on back of certificate.

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STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No Ilf death occurred in Ward) a hospital or lostitution. give its NAME lostead of street and oumber. ] **2FULL NAME** PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 16 DATE OF DEATH 5 SINGLE, MARRIED. WIDOWED. (Month) (Dav (Write the word) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Month (Year) TAGE If LESS than and that death occurred on the date stated above, at 1 day hrs. The CAUSE OF DEATH\* was as follows: OR ..... 7 BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry. business, or establishment in which employed (or employer) ..... 9 BIRTHPLACE Contributory (State or country) Secondary 10 NAME OF FATHER (Signed) PARENTS 11 BIRTHPLACE OF FATHER \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (State or country) 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death \_\_\_\_\_ yrs. \_\_\_\_ mos. .. State . Where was disease contracted. 14 THE ABOVE If not at place of death? Former or (Informant) usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL (Address) 20 15 ADDRESS REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

eated thus: Farmer (retired 6 yrs.) For persons Scrvant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal cases, especially in industrial employments, it is necwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Groecry; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthfui-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Namc, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) flyphoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereuctsis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "Puerperal peritonitis," etc. State cause for nant neopiasms); Measles; Whooping cough; Chronic scpsis, tctanus) may be stated under the head of injury, as fracture of skuli, and consequences (e. g., LENT DEATHS state MEANS OF INJURY and qualify as childbirth or misearriage as "Puerperal septiehaemus," "Old Age," "Shock," "Uraemia," "Weakness," "Ilcart failure," "Hacmorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." by earbolic acid-probably suicide. Aceidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "Asdent; Revolver wound of head-homicide; Poisoned Bronchopneumonia (secondary), 10 ds. Never report is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Aiways qualify ail diseases resulting from Measics (disease causing death), 29 ds.; "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion, The nature of the



1 PLACE OF DEATH	3010 STATE OF MARYLAND
County Garnett (5)	CERTIFICATE OF DEATH
Village or City Joch Lynn (No.)	Registered No.  [if death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male white (Single, Widoweo, Widoweo, en Divonceo (Write the word)	16 DATE OF DEATH  Mor. 14, 1915  (Month) (Day) (Year)
© DATE OF BIRTH  Oct., 24, 1913.  (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended deceased from 191
TAGE  If LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at # f m, The CAUSE OF BEATH* was as follows:  Driveling Peroxide  Causing strangulation
particular kind of work.  (6) General nature of industry, business, or establishmeet in which employed (or employer)  9 BIRTHPLACE (State or country)	(Dorafien) yrs. mes. 8 must cs. (Secondary)
10 NAME OF FATHER Nathan Birchen  11 BIRTHPLACE OF FATHER (State or country) Spafton Saylog & State or country)	(Signed) (Deration) yrs mos ds.  (Signed) A a drawer M. D.  M. D.  State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE:	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place in the second death yrs, mos, ds, State yrs, mos, ds.  Where was disease contracted, if not at place of death?
(Informant) A 6 Neous (Address) Me Lasce Plans C ma	Former or usual residence
Filed Mar 15, 1915 Mars Swhite SIX, REGISTRAR	Schold Harry Mar 16 , 1915.  20 UNDERTAKER ADDRESS  De Bolden Oakland Md
If more blanks are needed, address State Registration	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

iApproved by U. S. Census and American Public Health
Association.]

additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is neccated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of Illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specinaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. Scrvant, Cook, Housemaid, etc. If the occupation has Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, (b) If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—It (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

scpsis, tctanus) may be stated under the head of "Contributory." (Recommendations on statement of childlirth or miscarriage, as "Purperal scottchacvalvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronio ture of the American Medical Association.) cause of death approved by Committee on Nomencla. injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUEBPEBAL peritonitis," etc. etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras genital," "Senile," etc.), "Dropsy," "Exhaustion, "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopncumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds. affection need not be stated unless important. The contributory "Old Age," "Shock," "Uraemia," "Weakness," Always qualify all diseases resulting from (secondary or intercurrent) State cause for Examples:



WRITE PLAINLY, WITH UNFADING INK-THIS IS

PERMANENT RECORD

V. S. No. 1.

state	1 PLACE OF DEATH	STATE OF MARYLAND CERTIFICATE OF DEATH
should ion is	County Farrett	16.3
CCUPATION	00 . 4	Registration Dist. No.
ANS	Village or City / Nooninglotho.	St.;—Ward) [If death occurred la hospital or Institutiaa,
SICI	72	give Its NAME Instead of street and namber.]
PH	2FULL NAME / Langure /	10 Aleany
LY.	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
EXACTLY.	Jeruale White. Single, MARRIED, WIDOWED, ORDIVORCED (Write the word)	18 DATE OF DEATH March 15th, 1915 (Month) (Day (Year)
xact	6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
state	Feb. 10, 1889.	March 12, 1915, to Mich 13th, 1915,
be	(Month) (Day (Year)	that I last saw h. C. alive on Mich 14 00, 1915
ciass	7 AGE If LESS than 1 day,hrs.	and that death occurred on the date stated above, at 12 7m.
sh	yrs mos 5 ds OR min.?	The CAUSE OF DEATH* was as follows:
AGE	(a) Trade, profession, or	dieene of heart
De e	particular kind af work  (b) General nature of Industry,	<i></i>
	business, ar establishment in which emplayed (or employer)	(Duratian) 3 yrs mas ds.
ly supp it may cate. <	9 BIRTHPLACE	Contributory of sippe
that if	(State or country) Mariland	Secondary (Duration) vrs. mas 8 ds.
car o th f ce	10 NAME OF FATHER	(Siages) Till Seathy M. D.
T X	o 11 BIRTHPLACE	Mch/19, 1913. (Address) Hatersque to The
erm ba	Z OF FATHER (State or country)	
ons or	11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, Suicidal, or Homicidal.
	13 BIRTHPLACE OF MOTHER	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place
TH in	(State or country)	of death yrs. mas. ds. State yrs. mns. ds
of Inf DEAT See In	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease cantracted, If not at place of death?
E L.	(Informant) J. Cleany	Former or usual residence
世間	(Address / 3 Commission ms	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
CAUS	16	Catholic Contractor, Md. MAR 17 1915
m	Filed , 191	20 UNDERTAKER ADDRESS
z	If more blanks are needed, address State Regist	rar, 6 E. Franklin St., Balto, Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of agc. tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the disease Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of oecupa-If retired from business, that fact may be indi-Never return "Laborer," "Foreman," (2)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

sensis, tetanus) may be stated under the head mia," "Puerperal peritonitis," etc. State cause for mus," "Old Agc," "Shock," "Uraemia," "Weakness," tbenia," "Anaemia" (merely symptomatic), "Atropby," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Meastes; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Cancause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (c. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viocbildbirth or miscarriage as "Puerperal scptichaeetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. ample: ture of the American Medical Association.) "Contributory." dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: The contributory (secondary or intercurrent) Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," Never report



N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD MARGIN RESERVED FOR BINDING

PLACE OF DEATH	STATE OF MARYLAND
County James	CERTIFICATE OF DEATH  Registered No. / 65
*FULL NAME Idens &	St; Ward)  [It death occorred in a hospital or institution give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Freeze Whee (Write the word)	10 DATE OF DEATH  Met 20, 1914  (Month) (Day) (Year)
© DATE OF BIRTH  (Month) (Day) (Year)	that I last saw h alive on 191
7 AGE    1   1   1   1   1   1   1   1   1	and that death occurred on the date stated above, atm. The CAUSE OF BEATH* was as follows:
(a) Trade, profession, or particular kind of work	
business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)	Contributory (Secondary)
10 NAME OF FATHER P. Saves	(Signed) D. S. Bran Twenty M. D.  Thek 21, 1914 (Address) Correlated mid
Z OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from Violent CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of death yrs, mos, ds.
(Informant)	Where was disease contracted, If not at place of death?  Former or usual residence.
(Address) Range Range 15 3/h a 1/2/1	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Many Rem Md Md 1, 181 d
Filed 3/20 ,1813 The Castell REGISTRAR	mes J. L. Engelster address
IX more Dianus are needed, address State Registra	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). of persons engaged in domestic service for wages, as duties of the household only (not paid Housekeepers minc, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second statement. Never return "Laborer," "Foreman," (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At. Home, and children, not who receive a definite salary), may be entered as Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the been changed or given up on account of the DISEASE Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indito know (a) the kind of work and also (b) Women at home, who are engaged in the For persons

Statement of cause of death—Name, first, the DIBEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, periiqnaeum, etc., Carcin-

childbirth or miscarriage, as "PUERPERAL thenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important, cause of death approved by Committee on Nomencla-\*\*Contributory." dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras "Collapse." "Coma," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Meastes (disease causing death), 29 valvular heart disease; Chronic interstitial nephritis uant neopiasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of ture of the American Medical Association.) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably sulcide. Accidental drowning; Struck by railway train-acciis less definite; avoid use of "Tumor" for malig The contributory (secondary or intercurrent) "Old Age," "Shock," "Uraemia," "Weakness," Always qualify all diseases resulting from "Senile," etc.), may be stated under the head (Recommendations on statement of "Convulsions," "Debility" ("Con "Dropsy," (name origin; "Can The nature of the "Exhaustion, Never report Examples: septichac: de. 01



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YSICIANS RECORD PERMANENT ciassified. properly AGI supplied. ADING may terms, should piain H In piain EAT Ë of DE/ CAUSE OF Important. S 8

STATE OF MARYLAND 1 PLAGE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. If death occurred in .....Ward) a hospital or Institution. give its NAME instead of street and number. 1 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 18 DATE OF DEATH 6 SINGLE. BSEX 4 COLOR OR RACE MARRIED. WIDOWED (Month) ORDIVORCED (Write the word) I HEREBY CERTIFY, That I attended deceased from 8 DATE OF BIRTH ....., 191...., to....., 191...., that I last saw h 2 alive on 191 (Month) (Day) (Year) 7 AGE It LESS than and that death occurred on the date stated above, at .... 1 day, .... hrs. The CAUSE OF DEATH \* was as follows: OR ..... 7 BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) Contributory 9 BIRTHPLACE (State or country) (Secondary) (Duration) 10 NAME OF FATHER ARENTS ., 191.5. (Address) 11 BIRTHPLACE OF FATHER \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. 0 OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER (State or country of death ...... yrs. ..... mos. ..... ds. State ...... yrs, \_.... mos. .... Where was disease contracted 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE If not at place of death?... Former or (Informant) --usual residence L OR REMOVAL OATE OF BURIAL 15 20 UNDERTAKER ADDRESS REGISTRAR If more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. 8. Census and American Public Health Association.]

fication, as Day laborer, Farm laborer, Laborer-Coal cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of ilibeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers mine, etc. Housewife, Housework, or At Home, and children, not material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write None. who, receive a definite salary), may be entered as "Manager," "Dealer," etc., without more precise speciadditional line is provided for the latter statement essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative meaithful-(a) Spinner, (b) Cotton mill; (a) Salesman, (b) Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal tever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin

ture of the American Medical Association.) cause of death approved by Committee on Nomencla scpsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver round of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJUSY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL meritonitis," etc. childbirth or miscarriage, as "Puerperal scottchac etc., when a definite disease can be ascertained as the inus," "Old Age," "Shock," "Traemia," "Weakness," -Hart failure," "Haemorrhage," "Inanition," "Maras "Coliapse." "Coma," thenia," "Anaemia" (mereiy symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asampie: Meastes (disease causing death), 29 ds.: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of ... "Contributory." Bronchopncumonia (secondary), 10 ds. is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Aiways qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of "Convulsions," "Debility" ("Con-State cause for Never report Examples: 01



BINDING FOR RESERVED MARGIN

> No. 1. o .

N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OGGUPATION is very important. See instructions on back of certificate. PERMANENT 4 UNFADING INK-THIS PLAINLY, WITH WRITE

Village or City Street In The (No	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 2  [if death occurred in a health of the interior of the interio
FULL NAME afout	St; Ward) a hospital or institution, give its NAME instead of street end number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Mulle Single, MARRIED, WIDOWEO, ORDIVERCED (Write the word)	(Month) (Day) (Year)  17 I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH 2 _ 7	
(Month) (Day) (Year)	that I last saw h alive on, i9i
7 AGE  If LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at
(a) Trade, profession, or particular kind of work	Still Jonn Onfort  (Duration) yrs. mos. ds.
9 BIRTHPLACE (State or country)	Gentributory (Secondary)  (Byration) yrs mos ds.
10 NAME OF FATHER SET Jank  11 BIRTHPLACE OF FATHER (State or country)  2 MAIDEN NAME/  12 MAIDEN NAME/  12 MAIDEN NAME/	(Signed) (Address) Cauthurle  *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) Mul.	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)	If not at place of death?  Former or  usual residence
(Address) Exactsville mid	Pring S Mar 8
Filed Meh 7, 1945 Henry & Balon REGISTRAR	20 UNDERTAKER ADDRESS Spantwille Bull

If more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

additional line is provided for the latter statement; cated thus: Farmer (retired 6 yrs.). of persons engaged in domestic service for wages, as "Manager," "Dealer," etc., without more precise spectwho have no occupation whatever, write None CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Mousewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal statement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necmaterial worked on may form part of the second Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, (b) If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

sepsis, tetanus) may be stated under the head such, if impossible to determine definitely. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Pursperal scotichae. etc., when a definite discase can be ascertained as the mus," "Old Age," "Shock," 'Traemia," "Weakness," ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid—probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—acci-LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-"Heart failure," "Haemorrhage," "Inanition," "Maras. thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds. affection need not be stated unless important. ter" is less definite; avoid use of "Tumor" for mails ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably "Collapse." "Coma," "Convulsions," "Debility" ("Con-Bronchopncumonia (secondary), 10 ds. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of \_ The contributory (secondary or intercurrent Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," \_\_ (name origin; "Can-State cause for Never report Examples :



-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING RESERVED FOR MARGIN V. S. No. 1. N. B.

	1 PLACE OF DEATH	STATE OF MARYLAND	
	Harritt (1)	CERTIFICATE OF DEATH	
Co	ounty	Registration Dist. No. 16/	
v	iliage or City Freedsville (No.	St.; Ward) [it death occurre a hospital or institu	ution,
	FULL NAME Stouly, Fran	give its NAME ins of street and number	
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3 51	4 COLOR OR RACE SINGLE, MARRIED, WIDOWEO, ORDIVERED	16 DATE OF DEATH March 304, 1915 (Month) (Day) (Year	
6 D	ATE OF BIRTH March 28th, 1915	March 28, 1915, to March 30 H, 191	5
7 A	(Month) (Day) (Year)  GE   If LESS than   1 day/5hrs.	wild that death occurred on the date stated and ve. at ~	.m,
3(8	yrs. mos. Ch.4 ds. ORmin. ?  CCUPATION ) Trade, protession, or riticular kind of work	reterns	*****
bus	General nature of industry, siness, or establishment in which employed (or employer)  IRTHPLACE state or country)	Contributory Continued Birth presse (Secondary) of stricture 2 gall Sufto Conque	ds.
	10 NAME OF Chas. T. Fronty	(Signed) 21 to Null on Market	ds.
PARENTS	11 BIRTHPLACE OF FATHER (State or country) Harritt co ind	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accide Tal, Suicidal, or Homicidal.	NT N-
PAF	13 BIRTHPLACE OF MOTHER (State or country) Lerrett Co 2nd	At place of death	its,
14-	the above is true to the best of My Knowledge (Informant, Charles, J. Franks	Where was disease contracted, of Place of death?  Former or  usual residence.	1.
15	(Address) Frendsville Md	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL	5
	Monets 30' 1915 - Month of french Lacal REGISTRAR	20 UNDERTAKER ADDRESS HULLINGED MADDRESS	Olo
	If more blanks are needed, address State Regis trar, 6	6 E. Franklin St., Balto., Requesting V. S. No. 1.	10

3815

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of Ili-Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specicases, especially in industrial employments, it is necwho have no occupation whatever, write None. been changed or given up on account of the disease Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer—Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Civil engineer, Stationary Areman, etc. But in many For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, (b) If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," If the occupation has For persons

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinoscipalis (Carcinoscipalis)

John Grey

ture of the American Medical Association.) cause of death approved by Committee on Nomencla sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Puerperal scptichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock." "Traemla," "Weakness," thenla," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.: affection need not be stated unless important. oma. Sarcoma. etc., of ... "Contributory." "Hart failure," "Haemorrhage," "Inanition," "Maras. "Collapse." "Coma," "Convultions," "Debility" ("Conmere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nophritis nant neoplasms); Measles; Whooping cough; Chronic er" is less definite; avoid use of "Tumor" for malig The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile." etc.), (Recommendations on statement of "Dropsy," "Exhaustion," ... (name origin; "Can-State cause for Examples:

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECSIVED
APR 3 1915
BUREAU, V.S.

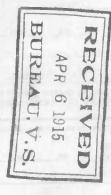
1 PLACE OF DEATH 321 STATE OF MARYLAND CERTIFICATE OF DEATH CUPATION Registered No. If death occorred in St:....Ward) a hospital or institution. RECORD give its NAME lostead of street and number. ] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS RMANENT 16 DATE OF DEATH SEX 4 COLOR OR RACE MARRIED. WIDOWED. (Write the word) (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from (Month) 7 AGE If LESS than and that death occurred on the date stated above, st... 1 day hrs. BOCCUPATION (a) Trade, profession, or INK particular kind of work. (b) General nature of industry. supplied. business, or establishment in (Duration) which employed (or employer) -----State or country) Contributory. (Secondary) 10 NAME OF FATHER 0 0 11 BIRTHPLACE net 2 1, 191 J. (Address) ARENT OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. piain OF MOTHER Instructions 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE 2 At place OF MOTHER (State or country) to the of death ..... yrs. .... mes. ... DEATH State ..... yrs. Where was disease contracted. If not at place of death?..... Former or FO usual residence. Important. CAUSE DATE OF BURIAL ADDRESS REGISTRAN If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. 8. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at heginning of iliheen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfuily employed, as At school or At home. Care duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should he used only when needed. additional line is provided for the latter statement; the nature of the husiness or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. Scrvant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite saiary), may be entered as mine, etc. essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salcsman, (b) If retired from husiness, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—In already affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever.—(never report "Typhoid neumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcin-

scpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., dent; Revolver reound of head-homicide; Potsoned such, if impossible to determine definitely. LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vicmia," "PUERPERAL peritonitis," etc. childbirth or miscarriage. as "Purperal septichac etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion, "Collapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 affection need not be stated unless important. nant ncopiasms) : Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maile ture of the American Medicai Association.) cause of death approved by Committee on Nomencia-"Contributory." by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train—acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. valvular heart disease; Chronic interstitial nephritis oma. Sarcoma. etc., of ... The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) (name origin; "Can-State cause for Never report Examples: d8.;



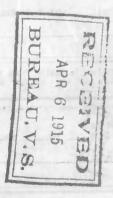
B	1 PLACE OF DEATH	3817 STATE OF MARYLAND
C	ounty Darrett	CERTIFICATE OF DEATH
		Registered No. 167
	FULL NAME Phoda Mas	St; Ward)  [it death occurred in a hospital or lostitulicon give its NAME instead of street and comber.]
=	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
35	Vorman White Saingle,  Whose Widowed, Widowed  (Write the word)	16 DATE OF DEATH March 14, 1915 (Month) (Day) (Year)
6 0	Floriday 2/ 1839 (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended deceased from Sept 29, 1914, to Mon 14, 1915, that I least asw has ally on Feb 28 1915
TA		and that death occurred on the date stated above, at 6, 0, m. The CAUSE OF DEATH* was as follows:
(a pa (b) bus wh	GCUPATION ) Trade, protession, or ricular kind of work  General nature of indostry, iness, or establishment to ich employed (or employer)  IRTHPLACE tate or country)  Mangaal (A. W.) (A.	(Duration) yrs. 6 mos. — ds.  Contributory Mitrial Regurgitation (Secondary)
ARENTS	11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME  OF MOTHER  (A)  (A)	(Signed) (Signed) (Address) (Signed) (Signed) (Address) (Signed) (M. D. WALLY, 191 (Address) (Signed) (M. D. WALLY, 191 (Address) (Signed) (M. D. WALLY, 191 (M. D. CAUSEN, State (1) MEANS OF INJURY; and (2) Whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL
147	OF MOTHER Sale ballen bock  18 BIRTHPLACE OF MOTHER (State or country)  THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)  Watting	18 LENGTH OF RESIDENCE (FOR HORPITALE, INSTITUTIONS, TRANSIENTS.  OF RECENT RESIDENCE)  At place of death  yrs,  mos,  ds.  Where was disease contracted,  If not at place of death?  Former or
15 Fil-	(Address) Quhland, Md.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Red Manse Mariae Mariae 1915.  20 UNDERTAKER ADDRESS Red Mariae Removal DATE OF BURIAL Red Mariae
0	If more blanks are needed, address State Registrar	, 6 E. Franklin St., Balte., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

should be taken to report specifically the occupations duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specithe nature of the business or industry, and therefore an applies to each and every person, irrespective of age who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But ln many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Scrvant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not minc, etc. (a) Spinner, (b) Cotton mill; (a) Salcsman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the dibease causing death—Name, first, the dibease causing death—Name, first, the dibease to the and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cere-trospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosts of lungs, meninges, peritonacum, etc.. Carcin-

cause of death approved by Committee on Nomenclascpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—accisuch, if impossible to determine definitely. ACCIDENTAL, SUICINAL, OF HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vicmia," "PUERPEBAL peritonitis," etc. childbirth or miscarriage, as "Purpreral septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras genital," "Senile," etc.), "Dropsy," "Exhaustion, "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronio oma. Sarcoma. etc., of \_\_\_\_\_\_ (name origin; "Can-cer" is less definite; avoid use of "Tumor" for mailg. ture of the American Medical Association.) "Contributory." Bronchopneumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritis The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of State cause for Examples:



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OF CAUSE OF

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UNFADING WRITE

STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. / 6 3 [If death occurred in -Ward) a hospital or institution. give its NAME instead of street and number.] 2FULL NAME. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 16 DATE OF DEATH 5 SINGLE. MARRIED. WIDOWED, ORDIVORCED (Write the word) (Month) (Dav (Year) I HEREBY CERTIFY, That I attended deceased from 17 (Month) (Day (Year) TAGE If LESS than and that death occurred on the date stated above, at 1 day hrs. The CAUSE OF DEATH\* was as follows: OR ..... min. ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry. business, or establishment in which amployed (or amployer) State or country) Contributory Secondary (Duration) 10 NAME OF FATHER (Signed) ARENTS 11 BIRTHPLACE OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) of death \_\_\_\_\_ yrs. \_\_ \_ mos. State \_\_\_\_\_ yrs. \_\_\_ mos. Where was disease contracted. If not at place of death?. Former or usual residence PLACE OF BURIAL OR REMOVAL DATE OF BURIAL (Address) .... 15 UNDERTAKER ADDRESS REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers fleation as Day laborer, Farm laborer, Laborer-Coal statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second it should be used only when needed. As examples: additional line is provided for the latter statement; who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the misease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. Groeery; (a) Foreman, (b) Automobile factory. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nee-Civil engineer, Stationary freman, etc. But iu many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits ean be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salconan, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the

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nant neoplasms); Meastes; Whooping cough; Chronic ehildbirth or misearriage as "Puerperal scptiehacthenia," "Anaemia" (merely symptomatie), "Atrophy," valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Cansepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasmere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report affection need not be stated unless important. ture of the American Medical Association.) eause of death approved by Committee on Nomenela-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. etc., when a definite disease can be ascertained as the "Collapse," "Coma," "Convulsions," "Debility" ("Con-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measics (disease eausing death), 29 ds.; "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," For vio-



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in piain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING RESERVED MARGIN

1 PLACE OF DEATH

VIIIage or City Peas Source (No.  PERSONAL AND STATISTICAL PARTICULARS  PERSONAL AND STATISTICAL PARTICULARS  SEX	TE OF MARYLA	
PERSONAL AND STATISTICAL PARTICULARS  PERSONAL AND STATISTICAL PARTICULARS  SEX  4 COLOR OR RACE  MARRIED, WIDOWED, WIDOWED, WIDOWED, WITTER  (Write the word)  17 I HEREBY C  18 DATE OF DEATH  19 I  (Month) (Day) (Year)  TAGE  If LESS than 1 day,hrs. OR min.?  COCCUPATION (a) Trade, profession, or particular kind of work  (b) Beneral nature of industry, business, or establishment in Which employed (or employer)  Pairthplace (State or country)  Pairthplace (State or country)  Contributory (Secondary)	FICATE OF D	11/18
PERSONAL AND STATISTICAL PARTICULARS  PERSONAL AND STATISTICAL PARTICULARS  SEX  COLOR OR RACE  SINGLE,  MARRIED,  MARRIED,  MODOWED,  SADIVORCED  (Write the word)  TAGE  SOCCUPATION  (a) Trade, profession, or particular kind of work  (b) General nature of industry,  business, or establishment in which employer)  PEIRTHPLACE  (State or country)  Contributory.  (Secondary)	Registered No	
SEX  MACL,  White  MARRIED, Widoweb, Monthoweb, Monthow	6	[It death occurred in a hospital or institution give its NAME insteat of street and number.]
Mareh.  S DATE OF BIRTH  March.  (Month)  (Day)  TAGE  If LESS than 1 day, hrs.  The CAUSE OF DEATH * was concerned on the particular kind of work.  (b) General nature of industry, business, or establishment in which employed (or employer)  BIRTHPLACE  (State or country)  MARRIED, Windowst, And Department of the word)  17 I HEREBY C.  18 I HEREBY C.  19 I HEREBY C.  10 I HEREBY C	ERTIFICATE OF DEAT	ГН
March, 98 , 913  (Month) (Day) (Year)  TAGE    If LESS than 1 day, hrs. or particular kind of work   1 day, business, or establishment in which employed (or employer)    BIRTHPLACE (State or country) (Secondary)	march (Month) (I	28,1915 Day) (Year)
If LESS than 1 day, hrs.   The CAUSE OF DEATH * was   OR min. ?		, 191
and that death occurred on the composition of particular kind of work.  (a) Trade, profession, or particular kind of work.  (b) General nature of industry, business, or establishment in which employed (or employer)  9 BIRTHPLACE (State or country)  (Secondary)		
(a) Trade, profession, or particular kind of work.  (b) General nature of industry, business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)  (Secondary)		atm
9 BIRTHPLACE (State or country) (Secondary)	(Appellar)	
Jarrett County		••••••••
10 NAME OF FATHER Clarence Hall. (Signed) n. O. Th.	(Deration) ys.	, M. D.
11 BIRTHPLACE OF FATHER (State or country)  M  2 MAIDEN NAME OF MOTHER  TAL, SUICIDAL, OF HOMICID.	ING DRIBER on In Section	s from Violent hether Acciden-
13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE:  18 LENGTH OF RESIDENCE ( OR RECENT RE	In the	mos ds.
(Informant) Clarence Hall Where was disease contracted, it not at place of death?————————————————————————————————————	F	**************************************
(Address) Sive Md. 19 PLACE OF BURIAL OR RE	EMOVAL DATE	OF BURIAL
Filed 191 20 UNDERTAKER	ard. 3/29	1916
REGISTRAR Since Frie	o Sines	h /

3819

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons should be taken to report specifically the occupations duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the husiness or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age ness of various pursuits can he known. The question who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. "Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. As examples: essary to know (a) the kind of work and also (b) For many occupations a single word or term on the tion is very important, so that the relative healthful-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Lahorer," (b) Cotton mill; (a) Salcsman, (b) "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Ccrebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcin-

sepsis, tetanus) may be stated under the head of dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. which surgical operation was undertaken. For viomia," "Tuebperal peritonitis," etc. etc., when a definite disease can he ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness, thenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligture of the American Medical Association.) cause of death approved by Committee on Nomencla "Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as childbirth or miscarriage, as "PUEEPERAL scptichae. "Heart failure," "Haemorrhage," "Inanition," "Maras "Collapse." "Coma," "Convulsions," "Dehllity" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report oma. Sarcoma. etc., of ... The contributory Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion, (Recommendations on statement of (secondary or intercurrent) (name origin; "Can State cause for Examples:

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED
APR 7 1915
BUREAU, V.S.

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tated EXACTLY. PHYSICIANS should state Exact statement of OCCUPATION is very RECORD PERMANENT should be stated EXACTLY. Item of information should be carefully supplied. AGE should be s UNFADING INK-THIS IS PLAINLY, WITH WRITE

certificate. 9

Every Item of information should be CAUSE OF DEATH in plain terms, Important. See instructions on back

1 PLACE OF DEATH

3820 STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

Ward)

[If death occurred in a hospital or institution, give its NAME lostead of street and number.]

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
female white Single, Married, Widowed, ORDIVORCED (Write the word)	16 DATE OF DEATH Mar 2 , 191.8 (Month) (Day) (Year)
(Month) (Day) (Year)	that I last saw he alive on mar 1, 191
AGE    If LESS than   1 day,hrs.   ORmin. ?	and that death occurred on the date stated above, at 8 9 m The CAUSE OF DEATH* was as follows:
(a) Frade, profession, or particular kind of work with the control of w	Course of Live  (Ouration) 1 yrs. mos. ds
State or country) Garetty Co	Contributory (Secondary)  (Secondary)  (Ouration) yrs mos 3 ds
10 NAME OF FATHER Samuel Sullis  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER OF MOTHER	(Signed) , M. D. M
13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place In the of death yrs, mos, ds. State yrs, mos, ds
(Informant)	Where was disease contracted, If not at place of death?  Former or usual residence
(Address) Hours deville.  Fitted March 3, 1915 Mutth forms	19 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  MARY  20 UNDERTAKER  ADDRESS
Secre REGISTRAR	le y Amed Hos Mondon

She will

# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health
Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples:
(a) Spinner, (b) Cotton mill; (a) Salesman, (b) additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Civil engineer, Stationary freman, etc. But in many Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—In all extremely affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

injury, as fracture of skuli, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Purperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse." "Coma," "Convuisions," "Debility" ("Conample: Meastes (disease causing death), 29 de.; valvular heart disease; Ohronic interstitial nephritis ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." Accidental drowning; Struck by railway train-accithenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. etc. The contributory (secondary or intercurrent) nant neoplasms); Measles; Whooping cough; Chronic ter" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of .. tetanus) may be stated under the head of (Recommendations on statement of "Dropsy," "Exhaustion," (name origin; "Can-



RECORD	PHYSICIANS s
WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS s CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATI Important. See instructions on back of certificate.
-THIS IS A	GE should be s perly classified.
PADING INK	ily supplied. A lt may be proficate.
WITH UNI	hould be careful terms, so that on back of certi
TE PLAINLY	Every item of information should be carefully sup CAUSE OF DEATH in plain terms, so that it mailmportant. See instructions on back of certificate.
WR	Every item o CAUSE OF D Important. Se

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STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. Z If death occurred in Ward) a hospital or institution. give its NAME instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS CERTIFICATE OF DEATH 3 SEX 16 DATE OF DEATH 4 COLOR OR RACE 5 SINGLE. MARRIED. widowed, faa ordivorces (Write the word) I HEREBY CERTIFY, That I attended deceased from OF BIRTH (Year) 7 AGE and that death occurred on the date stated above, at 100 gm. If LESS than f day .....hrs. The CAUSE OF DEATH\* was as follows: OR ..... 7 BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in (Duration) which employed (or employer) ..... Contributory BIRTHPLACE Secondary (State or country) 10 NAME OF FATHER (Signed) 11 BIRTHPLACE ARENT OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER (State or country) of death \_\_\_\_\_ yrs. \_\_\_\_ mos. ds. State \_\_\_\_\_ yrs. .. Where was disease contracted. 14 THE ABOVE IS If not at place of death? --Former or usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER REGISTRAR

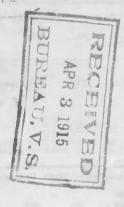
If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

Physician, Compositor, Architect, Locomotive engineer, cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not dutles of the household only (not paid Housekeepers minc, etc. statement. Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the DISEASE who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salcsman, it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary froman, etc. But in many For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indl-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disasse causing death—It respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "Puerperal peritonitis," etc. State cause for cause. Always qualify all diseases resulting from mus," "Old Age," "Shock," "Uraemla," "Weakness," thenla," "Anaemia" (merely symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Can-"Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichaectc., when a definite disease can be ascertained as the ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." Accidental drowning; Struck by railway train-acci-The contributory Measles (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent)



V. S. No. 1.

15

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. A PERMANENT RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS

Village or City/New Dollie Ma (No.	3822 STATE OF MARYLAND CERTIFICATE OF DEATH Registered No. 467  St; Ward)  [If death occurred is a hospital or institution, give its NAME instead of street and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, WIDOWCED (Write the word)	16 DATE OF DEATH  (Month): (Day) (Year)  17 I HEREBY CERTIFY, That I attended deceased from
* DATE OF BIRTH  March (8 , 1965  (Month) (Day) (Year)	that I last saw h
7 AGE  O yrs. O mos. ds. 11 LESS than 1 day. 2 hrs. o ds. o ds. o min. ?  8 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in	and that death occurred on the date stated above, at 2459 m.  The CAUSE OF DEATH* was as follows:  Drighties during birth.  (Doration) yrs mos ds.
which employed (or empleyer)  BIRTHPLACE (State or country)  MA	(Secondary)
10 NAME OF SEO PRISCOUL  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER	(Signed)
of Mother Cloa Schrock  13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)  Carrol A Schro	18 LENGTH OF RESIDENCE (FOR MOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENCE (FOR MOSPITALS, INSTITUTIONS, TRANSIENTS, At place of death yrs, mos, ds, State yrs, mos, ds, Where was disease contracted, if not at place of death?  Former or usual residence.

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

18, 1915

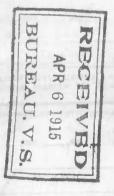
ADDRESS

[Approved by U. S. Census and American Public Health Association.]

Civil engineer, Stationary freman, etc. But in many (a) Spinner, (b) Cotton mill; (a) Salcsman, Grocery; (a) Foreman, (b) Automobile factory. the nature of the business or industry, and therefore an ness of various pursuits can be known. The question cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal naterial worked on may form part of the second statement. Never return "Laborer," "Foreman," it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age tion is very important, so that the relative healthfulbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, gainfully employed, as At school or At home. Care minc, etc. "Manager," "Dealer," etc., without more precise speci-For many occupations a single word or term on the who have no occupation whatever, write None. Statement of occupation-If retired from business, that fact may be indi-Women at home, who are engaged in the -Precise statement of occupa-As examples: (6)

Statement of cause of death—Name, first, the disease causing death—Is affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Ccrcbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosts of lungs, meninges, peritonacum, etc.. Carcin-

valvular heart disease; Chronic interstitial nephritis scpsis, tctanus) may be stated under the head of by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. LENT DEATHS State MEANS, OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "PUERPERAL septichae, etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As ample: Measics (disease causing death), 29 ds. affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronio cer" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of ... "Contributory." injury, as fracture of skuil, and consequences (e. g. Accidental drowning; Struck by railway train—acci-"Collapse." "Coma," "Convulsions," "Debility" ("Con-Bronchonneumonia (secondary), 10 ds. Never repor ture of the American Medical Association.) cause of death approved by Committee on Nomencia-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably The contributory, Aiways qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) (name origin; "Can-State cause for Examples:



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POF Every item CAUSE OF Important.

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PHYSICIANS

RECORD

PERMANENT

UNFADING

WRITE

1	<b>E</b>	- 8	CE	OF	DE	ATH
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OF MOTHER

13 BIRTHPLACE OF MOTHER (State or country

(Address) ...



#### 382 STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

St.;Ward)	[It death occurred in a hospital or institution give its NAME Instead

of street and number.]

		·		
PERSON	AL AND	STATIST	CAL PAR	TICULARS

35:	enae.	4 COLOR OR RAGE	Single, MARRIED, WIDOWED, ORDIVORCED (Write the wor	rd)
D	ATE OF BIRTH	Muku	own	
TAG		(Month)		it LESS than 1 day,hrs. ORmin.?
(a) pai (b) bus	CCUPATION ) Trade, profession, ricular kind of wo General nature of iness, or establis ch employed (or e	Industry,	Keefe	
9 81	RTHPLACE (State or cour	itry) Ger	mary	vila li
	10 NAME OF FATHER	mike		
RENTS	OF FATH (State or	CE ER Country) Wuse	Luown	
2	12 MAIDEN	NAME		

#### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH	March	31	. 1915
	(Month)	(Day	(Year)
17 1 HER	EBY CERTIFY, That	1 attended d	eceased from
	, 191, to		, 191,
that I last saw h	_ alive on		, 191
and that death occurr	ed on the date state	d shove at	8 P. m.
		u above, at	
The CAUSE OF DEAT	m× was as follows:		
A.	(1)		
Jean	Course	- A-	
Jour	Wu -	a service	0-
6	0	1	トラ・)
عبيون	(Obration)	yrs	.abacm.
Contributory			
	(Doration)	yrs	mosds.
(Signed) 77	hansto	400	. н.д.
(DP 1)	- 0.	^	26-5

\*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIO

OR RECENT RESIDENTS)			INAMOIEM	1.0
Af place	in the			
ot death yrs mos ds.	State	yrs.	mos	ds
Where was disease contracted,				

If nof af place of death?

Former or usual residence

19	PLACE	OF	BURIAL	OR	REMOVAL

DATE OF BURIAL

ADDRESS Jaklans

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not dnties of the household only (not paid Housekeepers minc, etc. statement. who have no occupation whatever, write None. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has who receive a definite salary), may be entered as fication as Day laborer, Furm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never retarn "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Cronp";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomenclaschsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERFERAL peritonitis," etc. State canse for childbirth or miscarriage as "Puerperal septichacetc, when a definite disease can be ascertained as the nus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Scnile," etc.), "Dropsy," "Exhanstion," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report ample: Measics (disease causing affection need not be stated unless important. nalvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for malig oma, Sarcoma, etc., of...... (name origin; "Can-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of death), 29 ds.; For VIO-



	PLACE OF DEATH	3824 STATE OF MARYLAND CERTIFICATE OF DEATH
C	ounty June / June	Registration Dist, No. 165-
V	FULL NAME Driah Man	St.; Ward)  [If death occorred is a hospital or institution give its NAME instead of street and number.]
=	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 S	ATE OF BIRTH  3  (Month)  (Day)  (Year)	16 DATE OF DEATH March 3/-, 1916  (Month) (Day) (Year)  17 I HEREBY CERTIFY, That I attended deceased from 9/-, 1916, to March 9/-, 1916, that I last saw have alive on March 16/-, 196
		and that death occurred on the date stated above, at m. The CAUSE OF DEATH* was as follows:  Chargesic Santastics
(b) bus whi	ricular kind of work  Seneral nature of industry, iness, or establishment in ch employed (or employer)  IRTHPLACE tate or country)  10 NAME OF FATHER	Contributory (Secondary)  (Signed)  (Duration)  (Duration)  yrs mos ds.
ARENTS	11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
а.	OF MOTHER  13 BIRTHPLACE OF MOTHER (State or country)  THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  Informant)  (Address)  Address)  Address	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of death yrs, mos. ds. State yrs, mos. ds.  Where was disease contracted, if not at place of death?  Former or usual residence.
Fil	ed Spiel 30, 1915 N. H. Losseel RECISTRAR  If more blanks are needed, address State Registra	20 yn gertaker  Carl Harrel Hayellon  Ir, 6 E. Franklin St., Balto., Requesting V. S. No. 1.
/		40 (Va)

[Approved by U. S. Census and American Public Health Association.]

ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers applies to each and every person, irrespective of age. cated thus: Farmer (retired 6 yrs.). For persons gainfully employed, as At school or At home. Care fication, as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise speciadditional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salcsman, it should be used only when needed. As examples: cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," "Foreman," 9

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing disease in the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cercbrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonaeum, etc.. Carcin-

such, if impossible to determine definitely. Examples: which surgical operation was undertaken. childbirth or miscarriage, as "PUERPERAL scptichacture of the American Medical Association.) cause of death approved by Committee on Nomenclainjury, as fracture of skuil, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 de.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronio cer" is less definite; avoid use of "Tumor" for malls. oma. Sarcoma. etc., of \_\_\_ "Contributory." Accidental drowning; Struck by railway train—acci-The contributory (secondary or intercurrent) tetanus) may be stated under the head Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Can-"Exhaustion," For vio-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MAY 5 1915
BUIRTAU, V.S.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exset statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD MARGIN RESERVED FOR BINDING

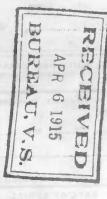
Village or City bulling (No.	STATE OF MARYLAND CERTIFICATE OF DEATH Registered No. / G  [If death occurred is a hospital er institution give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL GERTIFICATE OF DEATH
Female Color or RACE Sangle, MARRIED, MARRIED, MARRIED, MIDWED, MIDWED	16 DATE OF DEATH  March  (Menth)  (Day)  (Year)  17  March  15, 1915, to  March  18, 1915  that I last saw has allys on  March  28, 1915
Month) (Day) (Year)  7 AGE  If LESS than 1 day,hrs. ORmin.?  6 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which appropriate to the state of the stat	and that death occurred on the date stated above, at 3 m The CAUSE OF BEATH* was as follows:  (Operation) 778, mos
which employed (or employer)  BIRTHPLACE (State or country)  10 NAME OF FATHER  Coffather (State or country)  11 BIRTHPLACE (State or country)  12 MAIDEN NAME OF MOTHER  A COMMOTHER	Contributory (Secondary)  Dureffer yrs mcs ds.  (Signed) , 191 5 (Address) Or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Sulcidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)  (Address)  (Address)  (Address)	18 LENGTH OF RESIDENCE (FOR HOSPITALS. INSTITUTIONS) TRANSIENTS. At piace of death yrs. mos. ds. State yrs. mos ds. Where was disease contracted, it not at piace of death? Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL MARKET BURIAL  ALL DOT 1 4 1 MARKET BURIAL  19 15 2
Filed Mar, 44 , 181 5. M. White  Syx, REGISTRAR  If more blanks are needed, address State Registrar	1. E Baldes Mallung Med.

[Approved by U. S. Census and American Public Health
Association.]

(a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The applies to each and every person, irrespective of age cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illheen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers minc, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second statement. Never return "Laborer," "Foreman," it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., ness of various pursuits can be known. The question tion is very important, so that the relative healthfuiwho have no occupation whatever, write None. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Farmer or Planter,

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefialte); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcin-

such, if impossible to determine definitely. childbirth or miscarriage, as "Purperal septichacetc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Dropsy," "Exhaustion, "Collapse." "Coma," "Convulsions," "Debility" ("Conampie: Measles (disease causing death), 29 ds.; cause of death approved by Committee on Nomenciascpsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPEBAL peritonitis," etc. mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras thenla," "Anaemia" (merely symptomatic), "Atrophy, mere symptoms or terminal conditions, such as "As affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms) ; Measles; Whooping cough; Chronio cer" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of ... ture of the American Medical Association.) "Contributory." ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably Bronchopncumonia (secondary), 10 ds. The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Can State cause for Never repor Examples: 2



MARGIN RESERVED FOR BINDING

S. No. 1.

#### N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. PERMANENT RECORD 4 WRITE PLAINLY, WITH UNFADING INK-THIS IS

Village or City Account (No.

\*FULL NAME

PERSONAL AND STATISTICAL PARTICULARS

16 DATE OF

3820 STATE OF MARYLAND
CERTIFICATE OF DEATH

Registration Dist. No.

..St.;.....Ward)

[If death occurred in a hospifal or institution, give its NAME instead of street and number.]

FULL NAME TIM TI. Thu	give its NAME instead of streef and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
married Widowed, Ornivorced (Write the word)	16 DATE OF DEATH  (Month) (Day) (Year)  17 I HEREBY GERTIFY, That I attended deceased from
6 DATE OF BIRTH Total Court (Year)	, 191, to
7 AGE  (2	and that death occurred on the date stated above, at
B OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry, business, or establishment in which employed (or employer)	Couration) yrs. mos. ds.
9 BIRTHPLACE (State or country)  10 NAME OF FATHER 200 Nov Mouver	(Secondary)  (Ouration)  (Signed)  (Ouration)  (Ouration)
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUGES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
of MOTHER Olly Buller  13 BIRTHPLACE OF MOTHER (State or country) Do nor show	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  Af place in the of death yrs, mos, ds. State yrs, mos, ds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)	Where was disease contracted, If not at place of death?  Former or usual residence
(Address) Seums Frank	19 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  MAL  20 UNDERTAKER  ADDRESS
If more blanks are needed, address State Revis trar. 6	R Franklin St. Ralto Requesting V S No. 1

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at heginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers the nature of the husiness or industry, and therefore an who have no occupation whatever, write None. ness. If retired from business, that fact may be indibeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer—Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can he known. The question tion is very important, so that the relative healthful-Housewife, Housework, or At Home, and children, not (a) Spinner, (b) Cotton mill; (a) Salesman, it should he used only when needed. Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," "Foreman," If the occupation has As examples:

Statement of cause of death—Name, first, the disease causino death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Ccrebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, pertionaeum, etc... Carcin-

childbirth or miscarriage, as "Purpresal scottchaemus," "Old Age," "Shock." cause of death approved by Committee on Nomencla "Contributory." sepsis, tetanus) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned such, if impossible to determine definitely. ACCIDENTAL SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Puepperal peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the Hart failure," "Haemorrhage," "Inanition," "Maras "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.: affection need not he stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronical ter" is less definite; avoid use of "Tumor" for mails oma. Sarcoma. etc., of ... ture of the American Medical Association.) injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train—acclmere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile." etc.), may he stated under the head (Recommendations on statement of "Dropsy," "Exhaustion," "Traemia," "Weakness," (name origin; "Can Examples:



1 PLACE OF DEATH

THOU OF DEATH	STATE OF MARTLAND
County Smult	CERTIFICATE OF DEATH
County	104
16 2:11	Registered No. 167
Village or City Krap Red Oak (No.	St; Ward) [It death occorred is a heapitat or institution
	a hospitat er Institution give Its NAME Instea
APINI NAME Eliza Monitorn	af street and number 1
*FULL NAME Sujia MOMINION	X
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE . 5 SINGLE,	10 DATE OF DEATH March 6 1015
1. MIGHT WIDOWED, WYOUNDE	1 / /
Teway W (Write the word)	(Menth) (Day) (Year)  17 I HEREBY CERTIFY, That I attended deceased from
8 DATE OF BIRTH	
Jan // 1857	1912 to Much 6, 1913
(Month) (Day) (Year)	that I lest saw her silve on March 3 1915
7 AGE If LESS than	and that death occurred on the date stated above, at \$30 a m
1 day,hrs.	The CAUSE OF DEATH * was as follows:
pyrs mos 23 ds. or min.?	Pulmonary Tuberculosis
BOCCUPATION	January Javoranes
(a) Trade, profession, or particular kind of work the work with	***************************************
(b) General nature of industry,	***************************************
business, or establishment in which employed (or employer)	(Doration) 4 yrs mos C5
9 BIRTHPLACE	Contributory Aarre
(State or country)	(Secondary)
Lustry Go. W.Va.	(Deration) yrs mos ds
10 NAME OF FATHER	(Signed) arrived a believe up
GOTING WITH	6 200
11 BIRTHPLACE OF FATHER (State or country)  12 Mail 12 MAINTER OF MOTHER OF MOTHER	Mar 6, 1915 (Address) Coglon 1/19
(State or country) Frestry Co Wor	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-
OF MOTHER	TAL, SUICIDAL, OF HOMICIDAL.
a Songamo, Dwolew	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE D + P O. C.	OR RECENT RESIDENTS) At place
(State or country) Preston 6 0 11,000,	ot death yrs mos ds. State yrs mos ds.
14THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
(Informant) WW. Hills	Former or
(Informant)	usual residence
(Address) & Toris & Va.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
16	Hairous Walermett march 8 1015
The March 8 mis 9/11 Shen - Th	20 UNDERTAKER ADDRESS
Local REGISTRAR	S. H. Mai Sol. O.
If more blanks are needed, address State Registra	a. M. Mauner Wyon Maa
A maia nights aid meader, soutest piets Helis fill	ir, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

2000

STATE OF MADVIAND

[Approved by U. S. Census and American Fublic Health Association.]

Physician, Compositor, Architect, Locomotive engineer, the uature of the business or industry, and therefore an cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations duties of the household only (not paid Housekcepers fication, as Day laborer, Farm laborer, Laborer—Coal \*\*fatement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second statement. Never return "Laborer," "Foreman," (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite saiary), may be entered as minc, etc. it should be used only when needed. essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the As examples:

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid neumonia"); Lodar pneumonia; Bronchopncumonia ("Tneumonia," unqualified, is indefinite); Tuderculosts of tungs, meninges, pertionacum, etc.. Carcin-

LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage. as "Purperal septichae" etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness, "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mallecause of death approved by Committee on Nomenciascpsis, tetanus) may be stated under the head of injury, as fracture of skuli, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. which surgical operation was undertaken. For vic-"Heart failure," "Haemorrhage," "Inanition," "Maras genital," "Senile," etc.), "Dropsy," "Exhaustion, mere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 affection need not be stated unless important. oma. Sarcoma. etc., of .... ture of the American Medical Association.) "Contributory." by earbolic acid-probably suicide. The nature of the ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) (name origin; "Can-State cause for Examples: d8.

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

APR 0 1915
BURLLAU, V.S.

N. B.—Every Item of Information should be earefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH In plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING FOR MARGIN RESERVED

1 PLACE OF DEATH	3828 STATE OF MARYLAND
County Shandard	CERTIFICATE OF DEATH
Village or City Old Control (No	Registered No
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH  (Month)  (Day)  (Year)
6 DATE OF BIRTH	
(Month) (Day) (Year)  7 AGE	and that death occurred on the date stated above, at m  The GAUSE OF DEATH* was as follows:
B O CCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry,	Superite & Mysentils
business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)	Gentributory (Secondary)  (Duration) yrs mos ds
10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)	(Signed) M. O. M. D. M.
OFFATHER (State or country)  12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, State (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS
13 BIRTHPLACE OF MOTHER (State or country)	At place In the of death yrs, mos, ds. State yrs, mos, ds.
(informant)	If not at place of death?  Former or usual residence.
16 Filed Mar 11 1915 M. S. White	19 PLACE OF BURIAL OR REMOVAL  Reynoldsville Pa Rod Brow 191
A, K, REGISTRAR	ar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of ilibeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer—Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary Areman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., ness of various pursuits can be known. The question Housewife, Housework, or At Home, and children, not statement. Grocery; (a) Foreman, (b) Automobile factory. It should be used only when needed. As examples: applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-(a) Spinner, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salcsman, return "Laborer," If the occupation has Farmer or Planter, For persons "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcin-

cause. Aiways qualify all diseases resulting from etc., when a definite disease can be ascertained as the "Collapse." "Coma," "Convulsions," "Debility" ("Contbenia," "Anaemia" (merely symptomatic), "Atrophy," childbirth or miscarriage, as "Purperal septichaeture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." scpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-accisucb, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Tuenpenal peritonitis," etc. State cause for mus," "Old Age," "Shock," "Uraemia," "Weakness, "Heart failure," "Haemorrhage," "Inanition," "Maras. genltai," "Senile," etc.), "Dropsy," "Exhaustion, mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic Bronchopneumonia (secondary), 10 ds. Never report oma. Sarcoma. etc., of ... is iess definite; avoid use of "Tumor" for mails. The contributory (secondary or intercurrent) (Recommendations on statement of (name origin; "Can-Examples:



N. B.

PLACE OF DEATH	3829 STATE OF MARYLAND
County Yarrett	CERTIFICATE OF DEATH
Village or City Tomanie je (No.	St.; Ward)  [If death occurred in a hospital or institution, give its NAME instead
FULL NAME James Polis	of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male While Single, Married While Write the word)	16 DATE OF DEATH  March, 4, 1913.  (Month) (Day) (Year)  17 I HEREBY CERTIFY, That I attended deceased from
(Month) (Day) (Year)	that I last saw h him alive on March Bade 1915
7 AGE   If LESS than 1 day,brs. ORmin.?	and that death occurred on the date stated above, at 3, a, m, The CAUSE OF DEATH* was as follows:  Canana Sectors
(a) Trade, profession, or particular kind of work.  (b) General nature of industry, business, or establishment in	(Quration) yrs mos ( ds.
which employed (or employer)  9 BIRTHPLACE (State or country)  (A. A. C.	Contributory (Secondary)
10 NAME OF Leve Paling	(Signed) Was Dinkwater, M. D.  Waroh II, 1914 (Address) Comania (Wille)
11 BIRTHPLACE (State or country)  12 MAIDEN NAME OF MOTHER  OF MOTHER  OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
of Mother Many Occidents of Mother (State or country)	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of death yrs ds. State yrs mos ds.
(Informant) W. T. Sankandler	Where was disease contracted,  If not at place of death?  Former or  usual residence.
(Address) Sminia, William	19 PRACE DE BURIAL OR REMOVAL DATE OF BURIAL  LEYER MARCH 191.5.  20 UNDERTAKER ADDRESS
Flied March, 4, 1915 U.S. REGISTRAR  If more blanks are needed, address Stata Registr	Barrick & Co. Kitamiller
<b>Y</b>	MA

3829

[Approved by U. 8. Census and American Public Health
Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). causing death, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: cases, especially in industrial employments, it is necgainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not mine, etc. statement. material worked on may form part of the second additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfui-(a) Spinner, (b) Cotton mill; (a) Salcsman, (b) Civil ongineer, Stationary Areman, etc. But in many For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," For persons "Foreman,"

Statement of cause of death—Name, first, the dibease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinosis of lungs, meninges, peritonaeum, etc..

cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," childbirth or miscarriage, as "Purperal septichaecause. Always qualify all diseases resulting from mere symptoms or terminal conditions, such as "Asture of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—accisuch, if impossible to determine definitely. which surgical operation was undertaken. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraeria," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropey," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. Never report ample: Meastes (disease causing death), 29 valvular heart disease; Chronic interstitial nephritis affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of .. The contributory (secondary or intercurrent) tetanus) (Recommendations on statement of may be stated under the head etc. (name origin; "Can-State cause for Examples: 10



Every ltem of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. PERMANENT RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS

1 PLACE OF DEATH	STATE OF MARYLAND
County Garsett	CERTIFICATE OF DEATH
County	Registration Dist. No. 168.
VIIIage or City Mear Frostlurg (No.	St.; Ward) [If death occurred in a hospital or institution, check the NAME Institution
*FULL NAME austin El	Ravenscroft give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX Male A COLOR OR RACE SINGLE, MARRIEO, WIDOWED, ORDIVORCEO (Write the word)	(Month) (Day (Year)
8 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
Minth) (Day (Yes	that I last saw hslive on
7 AGE It LESS 1 day,	than and that death occurred on the date stated above, at 5-40 pm
yrsmi	n.?
(a) Trade, profession, or particular kind of work	is not known
(b) General nature of industry, business, or establishment in	
9 BIRTHPLACE (State or country) Maryland	Contributory Inward Shadms. Secondary
10 NAME OF Merton & Ravens	(Signed) Ofm a. Millingthy D. G. Rigistant
11 BIRTHPLACE OF FATHER (State or country) Maryland.  12 MAIDEN NAME Cosdelia Balia	*State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT
of MOTHER Cordila Robise	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, Suicidal, or Homicidal.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE OF MOTHER (State or country) Maryland.	At place in the ot death yrs mos ds. State yrs, mos ds
(Informant) Merton L. Pravensero	Where was disease contracted, it not at place of death?  Former or usual residence.
(Address) Exerostlurg, Mod.	Blocher Cemetary March 10, 1915
Filed March 10, 1915. Jan a. Murfil	20 UNDERTAKER ADDRESS
	Registrar, & E. Franklin St., Balto., Requesting V. S. No. 1.

N. B.

[Approved by U. S. Census and American Public Health Association.]

tion is very important, so that the relative healthfulcated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a defiuite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. been changed or given up on account of the disease (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons return "Laborer;" But in many "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

mns," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Convulsions." "Debility" ("Conmere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Causuch, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septiehaectc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. ample: cause of death approved by Committee on Nomcnclasepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably ture of the American Medical Association.) "Contributory." dent; Revolver wound of head-homicide; Poisoned The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (discase causing death), 29 "Senile," etc.), (Recommendations on statement of may be stated under the head of "Dropsy," The nature of the "Exhaustion," Never report d8.; Ex-



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PHYSICIANS shou ENT PERMAN properl GE supplied. O Information <u>a</u> ATH DE

Instructions

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STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. lit death occurred in .....Ward) (No. a hospital or Institution. give its NAME Instead of street and number. 1 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 SINGLE, 3 SEX 4 COLOR OR RACE MARRIED. WIDDWED. (Month) (Day) ORDIVORCED (Write the word) HEREBY CERTIFY, That I attended deceased from 17 8 DATE OF BIRTH (Day) (Year) (Month) It LESS than 7 AGE and that death occurred on the date stated above, at .... t day ..... hrs. The CAUSE OF DEATH\* was as follows: OR. ..... min. ? BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) ..... Contributory..... 9 BIRTHPLACE (State or country) (Secondary) 10 NAME OF FATHER S(Address) PARENTS 11 BIRTHPLACE OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER BLENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death ..... yrs, ..... mos. ..... ds. State ..... yrs. \_\_\_\_ Where was disease contracted. If not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR DATE OF BURIAL 15 20 UNGERTAKER ADDRESS REGISTRAF

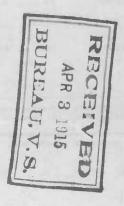
If more blanks are needed, address State Regis trar, 6 E. Franklin St., Baito., Requesting V. S. No. 1.

[Approved by U. 8, Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (net paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal Servant, Cook, Housemaid, etc. If the occupation has Mouscwife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," But in many

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Ccrebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid diseasen); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonaeum, etc.. Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencla. sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train—accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJUSY and qualify as mia," "Puerperal peritonitis," etc. State cause for cblidbirth or miscarriage, as "Pueneman scotichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock." 'Traemia," "Weakness," "Hart failure," "Haemorrhage," "Inanition," "Maras "Contributory." which surgical operation was undertaken. For viothenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. "Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report ample: Measles (disease causing valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of ... is less definite; avoid use of "Tumor" for mailg The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of may be stated under the head "Dropsy," "Exhaustion," ... (name orlgin; "Candeath), 29 ds. Examples:



### No. vi

N. B.

### PERMANENT RECORD UNFADING INK-THIS IS

carefully supplied. ACE should be stated EXACTLY. PHYSICIANS should state that it may be properly classified. Exact statement of OCCUPATION is very See instructions on back of certificate. WRITE PLAINLY, WITH of information should be CAUSE OF Important.

1 PLACE OF DEATH

Flar Me, Henry.



### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.;....Ward)

[It death occurred in a hospital or institution, give its NAME instead of street and number.]

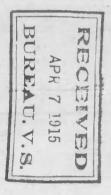
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Finale, White (Single, Widow, ORDIVORCED, ORDIVORCED (Write the Word)	16 DATE OF DEATH // 76. , 1912 (Month) (Day (Year)
6 DATE OF BIRTH  7 84 9  (Month) (Day (Year)	that I last saw h
7 AGE If LESS than 1 day,hrs. ORmin. ?	and that death occurred on the date stated above, at
(a) Trade, profession, or particular kind of work.  (b) General nature of industry,	Labor Primerania
business, or establishment in which employed (or employer)	Contributory. (Duration) yrs. mos. 6 ds.
Distribuce (State or country) Allegany Co. Md.  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country) Allegany Co. Md.  22 MAIDEN NAME OF MOTHER  24 OF MOTHER  25 MAIDEN NAME OF MOTHER  26 MAIDEN NAME OF MOTHER  26 MAIDEN NAME OF MOTHER  27 MAIDEN NAME OF MOTHER  28 MAIDEN NAME OF MOTHER  29 MAIDEN NAME OF MOTHER	(Signed) (Buration) yrs mos ds.  (Signed) (Signed) (Address) (Calculation) who is a state the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) Allegany 6. Md.  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	or Recent Residents)  At place in the of death yrs mos ds  Where was disease contracted, it not at place of death?
(Address) Mc, Henry Md.	Former or usual residence  19 PLACE OF BURIAL OR REMOVAL  Have Farm Treas Me Henry Md Mar. 27, 1915  20 UNDERTAKER  ADDRESS
Filed, 191	Sines of Fries Sines Md

[Approved by U. S. Census and American Public Health Association.]

additional line is provided for the latter statement; applies to each and every person, irrespective of age. who have no occupation whatever, write None. cated thus: ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," ctc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman. Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons But in many "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstilial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cause of death approved by Committee on Nomenclascpsis, tetanus) may be stated under the head of ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Traemia," "Weakness," "Heart failure," "Haemorrhage," "Inauition," "Maras-"Collapse," "Coma," "Couvulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: affection need not be stated unless important. oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) "Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death). 29 ds.; "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," Never report



V. S. No. 1.

carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state that it may be properly classified. Exact statement of OCCUPATION is very RECORD PERMANENT UNFADING INK-THIS IS A DEATH in plain terms, so that it m. See instructions on back of certificate. PLAINLY, WITH pinous of Information WRITE CAUSE OF Important. 1 ż

(Address).

15

10

1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

Ward)

[It death occurred la

DATE OF BURIAL

ADDRESS

	FULL NAME Smansa Lohr	Starting give its NAME instead of street and nomber.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 81 Te	ex 4 COLOR OR RACE 5 SINGLE, MARRIED, WIOOWED, WOOWED, OROIVORCED (Write the word)	16 DATE OF DEATH March 20", 1915 (Month) (Day (Year)
8 D	Tes. 75 (Month) (Day (Year)	HEREBY CERTIFY. That I attended deceased from  Jels 3nd 1915, to Feb. 22", 1912  that I last saw here alive on Feb. 22", 1915
TA	(1011)	and that death occurred on the date stated above, at
(1)	CCUPATION ) Trada, protessian, or Nauscovife rificular kind of work	Loss of Physical force from
bus	General nature of Industry, iness, or establishment in ch employed (or employer)	(Duration) yrs mos ds.
9 BI	RTHPLACE (State or country) Md	Contributory Secondary  (Doration)yrsmosds,
ITS	10 NAME OF FATHER Wenny John	(Signed) C. J. Janewassus , M. D. Lib 125, 1915 (Address) Westernhoit, Md.
PAREN	12 MAIDEN NAME OF MOTHER  (State or country)  Oerquia  Aburnathy	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCINENTAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS.
14	13 BIRTHPLACE OF MOTHER (State or country)  Virginia	OR RECENT RESIDENTS)  At place In the of deathyrs mosds  Where was diseasa contracted,
-	(Interment) Stemman Steeding	It not at place of death?————————————————————————————————————

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

Dehyt, REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

gainfully employed, as At school or At home. additional line is provided for the latter statement; cases, especially in industrial employments, it is neeapplies to each and every person, irrespective of age. ness of various pursults ean be known. The question tion is very important, so that the relative healthful-Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. statement. material worked on may form part of the second it should be used only when needed. As examples: the nature of the business or Industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illwho receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. The For many occupations a single word or term on the who have no occupation whatever, write None. been changed or given up on account of the DISEASE Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salcsman, "Foreman," (2)

Statement of cause of death—Name, first, the disease causing death—In the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, Is Indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "Puerperal peritonitis," etc. State cause for childblrth or miscarriage as "Puerperal scptichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shoek," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Cansepsis, tetanus) injury, as fracture of skull, and eonsequences (e. g., Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-"Contributory." by carbolic acid-probably suicide. dent; Revolver wound of head-homicide; Poisoned ture of the American Medical Association.) cause of death approved by Committee on Nomencla-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Meastes (disease eausing death), 29 ds.; "Senile," etc.), may be stated under the head (Recommendations on statement of "Dropsy," "Exhaustion," The nature of the Never report

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RECEIVED

APR 6 1915

BUREAU, V.S.

S. No. 1.

PLACE OF DEATH  Gounty Gut Law (No	3834 STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No. 166  St.; Ward)  St.; St.; St.; St.; St.; St.; St.; St.;
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX  4 COLOR OR RACE  5 SINGLE, MARRIED, WIDOWED, WIDOWED, WIDOWED, WIDOWED, WITH  6 DATE OF BIRTH  Set Low Lug 1834	16 DATE OF DEATH  (Month)  (Day  (Year)  17  I HEREBY CERTIFY, That I attended deceased from  See 2 4, 191 5, to  191 5.
7 AGE    Month   (Day (Year)   1   1   1   1   1   1   1   1   1	that I last saw h alive on 77 %, 191 % and that death occurred on the date stated above, at m, The CAUSE OF DEATH* was as follows:
(b) General nature of industry, business, or establishment in which employed (or employer)	(Duration) yrs mas 40 ds.
(State or country)    Compared to the state of country   Compared to the state of country	(Signed) — (Duration) — ITS — MOS — (Signed) — (Address) — (Addres
OF MOTHER  13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)	At place In the of death yrs, mos. ds. Slate yrs, mos. ds  Where was disease contracted, If not at place of death?  Former or usual residence
(Informant)  (Address) // Long gar Lower wo of the filed Man, 8 h., 1915 M. S. White	20 UNDERTAKER ADDRESS

Depot REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. Women at home, who are engaged in the "Manager," "Dealer," etc., without more precise speciadditional line is provided for the latter statement; who have no occupation whatever, write Nonc. heen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first live will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question (a) Spinner, (b) Cotton mill; (a) Salesman, Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-As examples: (6)

Statement of cause of death—Name, first, the disease causing death—It respect to time and eausation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemie cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) "Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

eause. Always qualify all diseases resulting from childbirth or miscarriage as "Puerferal scriichaeture of the American Medical Association.) cause of death approved by Committee on Nomenclascpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (c. g., ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Hacmorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Connant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Can "Coutributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: which surgical operation was undertaken. mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report affection need not be stated unless important. etc. The contributory (secondary or intercurrent) valvular heart disease; Chronic interstitial nephritis, is less definite; avoid use of "Tumor" for malig-Measles (disease eausing death), 29 ds.; "Senile," ctc.), "Dropsy," "Exhaustion," (Recommendations on statement of For VIO-

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APR 6 1915

BURRAU. V.S.

3835 STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH CCUPATION Registered No Ilf death occurred in .....Ward) a hospital or institution. RECORD give its NAME Instead of street and nomber. ] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH 3 SEX 4 COLOR OR RACE MARRIED. PERMAN WIDOWED, (Month) (Day) (Year) Write the word) I HEREBY CERTIFY. That I attended deceased from 17 (Month) (Day) (Year) 7 AGE If LESS than and that death occurred on the date stated shove, st 1 day, .....hrs. The CAUSE OF BEATH \* was se follows: OR ..... 7 properi AGE BOCCUPATION (a) Trade, profession, or particular kind of work. Z (b) General nature of Industry. pe business, or establishment in UNFADING (Doration) .....vrs. which employed (or employer) ..... Contributory 9 BIRTHPLACE (Secondary) (State or country) 10 NAME OF FATHER 80 50 11 BIRTHPLACE ARENT OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VioLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER Instructions pial 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE 2 Af place In the OF MOTHER (State or country) of death \_\_\_\_ ds. State \_\_\_\_\_ yrs. DEATH Where was disease contracted. If not at place of death?. Former or Every item CAUSE OF usual residence. mportant. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER ADDRESS If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of Illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekcepers "Manager," "Dealer," etc., without more precise specistatement. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) who have no occupation whatever, write None. been changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer—Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salcsman, If the occupation has As examples: For persons "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing death always the same accepted term for the same disease. Examples: Ccrebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcin-

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BUREAU, V.S.

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STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registered No. Lif death occurred in Ward) a hospital er institution. give its NAME lostead of street and number. I MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 4 COLOR OR RACE SEX MARRIED. (Write the word) WIDOWED. (Month) (Day) (Year) I HEREBY CERTIFY. That I attended deceased from 17 8 DATE OF BIRTH (Day) (Year) (Month) If LESS than 7 AGE and that death occurred on the date stated above, at 1 day, ....hrs. OR ..... min. ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in (Duration) vrs. mos./ which employed (or employer) Contributory. BIRTHPLACE (Secondary) (State or country) (Ducation) 10 NAME OF (Signed) FATHER. 191.5... (Address) 11 BIRTHPLACE ENT OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJUEY; and (2) whether ACCIDEN-AR 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL OF MOTHER 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS 13 BIRTHPLACE to the Q At place OF MOTHER of death State Do yrs. (State or country Where was disease contracted. If not af place of death? usual residence (Address) If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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